



## Dog License Application and Renewal Notice

READ AND SIGN BELOW  
WHERE APPLICABLE

IF YOU NO LONGER REQUIRE  
A DOG LICENSE FOR ANY OF  
THE FOLLOWING REASONS:

1. I'M NO LONGER A CITY RESIDENT.
2. I NO LONGER OWN THIS DOG.
3. MY DOG HAS PASSED AWAY.

SIGN BELOW AND MAIL THIS  
FORM TO EITHER ADDRESS  
PROVIDED ON BACK.

SIGNATURE \_\_\_\_\_

IS DOG SPAYED  
OR NEUTERED?

☐ YES\* ☐ NO

\*I CERTIFY UNDER PENALTY OF  
PERJURY THAT THIS DOG HAS  
BEEN SPAYED OR NEUTERED.

VETERINARIAN OR OWNER SIGNATURE \_\_\_\_\_

**-MORE INFORMATION ON BACK-**

### CIRCLE APPROPRIATE FEE

	ALTERED*	UNALTERED
3 YR LICENSE **	\$23.00	\$50.00

1 YR LICENSE	\$12.00	\$25.00
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Late Payment Fee (SEE BACK) \$3.00

**\*\*AVAILABLE ONLY FOR DOGS 1 YEAR  
AND OLDER AT TIME OF VACCINATION.**

\*IF CLAIMING ALTERED, YOU MUST SIGN  
APPROPRIATE BOX AT LEFT.

OTHER  
FEES

TOTAL  
FEES

MAKE CHECK PAYABLE TO CITY OF CHULA VISTA.

PERMANENT TAG NUMBER - OFFICE USE ONLY		LICENSE EXPIRES	APPLICATION DATE	PAYMENT TYPE	
DOG'S NAME		BREED	COLOR	SEX	
WORK PHONE NUMBER	HOME PHONE NUMBER		DOG'S AGE AT VACC.	DOG'S BIRTHDATE MO. YR.	

### CERTIFICATE OF RABIES VACCINATION AND DOG IDENTIFICATION

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS A LICENSED VETERINARIAN AND THAT ON THIS DATE DID VACCINATE  
THE DOG DESCRIBED WITH A MODIFIED LIVE VIRUS VACCINE.

SIGNATURE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

VACCINE MANUFACTURER / NAME / LOT NUMBER	DATE VACCINATED	DATE VACC. EXPIRES
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PLEASE  
UPDATE ALL  
PERSONAL  
INFORMATION  
AS NEEDED.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INT

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTE:** WHITE AND PINK COPY OF THIS APPLICATION MUST BE RETURNED WITH YOUR PAYMENT FOR VALIDATION.  
YELLOW COPY TO BE RETAINED BY YOUR VETERINARIAN. ONE COPY WILL BE RETURNED WITH YOUR NEW LICENSE.